

**Intake Application Summary**

EIDL Application Number: 3300986576  
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**Disclosures****Eligible Entity Verification**

Applicant is a business with not more than 500 employees.

Applicant is not engaged in any illegal activity (as defined by Federal guidelines).

No principal of the Applicant with a 50 percent or greater ownership interest is more than sixty (60) days delinquent on child support obligations.

Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.

Applicant does not derive more than one-third of gross annual revenue from legal gambling activities.

Applicant is not in the business of lobbying.

Applicant cannot be a state, local, or municipal government entity and cannot be a member of Congress.

**Business Information**

Business Legal Name

Royal Elite Trans, LLC

Trade Name

Royal Elite Trans, LLC

Organization Type

Limited Liability Company

EIN/SSN for Sole Proprietorship

823900633

Is the Applicant a Non-Profit Organization?

No

Is the Applicant a Franchise?

No

Combined Annual Operating Expenses for the Twelve(12) Months Prior to the Date of the Disaster (January 31,2020) for All Secular Social Serviced Provided by the Faith Based Entity

\$0.00

List of the Secular Social Services Provided by the Faith Based Entity

n/a

Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)

\$130,000.00

Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)

\$101,200.00

Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster

\$4,587.00

Non-Profit Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)

\$42,789.00

Compensation From Other Sources Received as a Result of the Disaster

\$0.00

Provide Brief Description of Other Compensation Sources

n/a

Primary Business Address (Cannot be P.O. Box)  
**1000 W Pembroke RD Ste 117**

City  
**Hallandale Beach**

State  
**FL**

County  
**Broward**

Zip  
**33009**

Business Phone  
**(305)-680-6786**

Alternative Business Phone

Business Fax

Business Email  
**info@royalelitetrans.com**

Date Business Established  
**01/04/2018**

Current Ownership Since  
**04/05/2017**

Business Activity  
**Transportation**

Detailed Business Activity  
**Limosine & Transportation**

Number of Employees (As of January 31, 2020)  
**2**

### Business Owners Information ▲

#### Owner 1

First Name  
**Joff**

Last Name  
**Philossaint**

Mobile Phone  
**(305)-680-6786**

Title / Office  
**Owner**

Ownership Percent  
**100%**

Email  
**royalelitetrans@gmail.com**

SSN  
**[REDACTED]-7416**

Birth Date  
**[REDACTED] 1990**

Place Of Birth  
**Haiti**

U.S. Citizen  
**No**

Residential Street Address  
**[REDACTED]**

City  
**Miami**

State  
FL

Zip  
[REDACTED]

### Additional Information ^

In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

No

Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

No

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? b. Have you been arrested in the past six months for any criminal offense? c. For any criminal offense - other than a minor vehicle violation - have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?

No

Individual Name

Name of Company

Phone Number

Street Address, City, State, Zip

Fee Charged or Agreed Upon

I give permission for SBA to discuss any portion of this application with the representative listed above.

No

**I would like to be considered for an advance of up to \$10,000.**

Bank Name

Bank of America

Routing Number

063100277

Account Number

[REDACTED] 0080

On behalf of the individual owners identified in this application and for the business applying for the loan:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application and for the SBA to obtain credit information about the individuals completing this application.

If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan.

I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

**CERTIFICATION AS TO TRUTHFUL INFORMATION:** By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

**WARNING:** Whoever wrongfully misappropriates the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

**I hereby certify UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES that the above is true and correct.**